

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>CH</i>	<i>WDP</i>	<i>6/6/01</i>
<b>FORMALITY REVIEW</b>	<i>JK</i>	<i>835</i>	<i>09/27/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/1/01
2	✓	✓	
3	✓	✓	
4	N	N	
5	✓	✓	
6	✓	✓	
7	N	N	
8	✓	✓	
9	N	N	
10	✓	✓	
11	✓	✓	
12	N	N	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	N	N	
17	✓	✓	
18	✓	✓	
19	N	N	
20	-	✓	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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